

Exhibit 2

FA IFAA

INSTITUTIONAL FINANCIAL AID APPLICATION (IFAA) - ALL SCHOOLS

*If corrections are needed, do not use white-out.
Please make your corrections by striking through your error, adding the corrected information and initialing your changed information.*

A. GENERAL INFORMATION

1. Robinson Lakersha M 2. SSN [REDACTED]
Last Name First Name Mi
3. [REDACTED]
Street Address City State Zip Code
4. Telephone [REDACTED] 5. Cell Phone SAME
6. If no telephone, give number where message may be left ()
7. E-Mail Address: [REDACTED]
8. This information is requested for U.S. Department of Education Reporting:
 Gender: ☒ Female ☐ Male Race Or Ethnic Group: [REDACTED]
9. If you, your spouse, or your parents own a business with more than 100 employees, please check any which apply below:
☐ - I own a business with more than 100 employees. ☐ - My parents own a business with more than 100 employees.
☐ - My spouse owns a business with more than 100 employees. ☒ - Not Applicable
If none of the parties listed own a business with more than 100 employees, you may answer "not applicable" or leave this section blank.
10. Do you expect a significant change in you or your parent's financial situation for the current year. Please explain the nature of the change
NO

B. OTHER POSTSECONDARY EDUCATION

1. A. List Any Schools That You Attended Beyond The High School Level.
 B. List Any Other Schools That You Plan To Attend While Attending Our College.

School	Location (City, State)	Dates (From-To)
<u>hair academy</u>	<u>lanham MD</u>	<u>05-06</u>

2. If You Used A Different Name At The Above Schools, Please Indicate Name Used: _____

C. CERTIFICATION STATEMENTS

KHE-309a (11/30/07 rmb)

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Applicant's Name: Lakisha Robinson
 Applicant's Present Employer: Integrated Management Resources
 Employer's Address: 14443 Old Mill Rd Employer Phone Number: 201-300-0300
 City, State, ZIP: Upper Marlboro, MD 20712

REFERENCES

Mother: Andrea Willis E-Mail Address: Ketika
 Address: [REDACTED]
 City, State, ZIP: [REDACTED] Occupation: Administrative Assistant
 Telephone: [REDACTED] Cell Phone: [REDACTED]
 Employer: N/A Employer Phone Number: [REDACTED]
 Employer's Address: N/A
 City, State, ZIP: N/A

Father: Anthony Robinson E-Mail Address: [REDACTED]
 Address: [REDACTED]
 City, State, ZIP: [REDACTED] Occupation: N/A
 Telephone: [REDACTED] Cell Phone: [REDACTED]
 Employer: N/A Employer Phone Number: [REDACTED]
 Employer's Address: N/A
 City, State, ZIP: N/A

OTHER RELATIVES

List three other relatives not living at home. All references must be living at different addresses and all sections must be fully completed.

Name: Gwendolyn Harrison E-Mail Address: [REDACTED]
 Relationship to you: Grandmother
 Street Address: [REDACTED] Home Telephone: [REDACTED]
 City, State, ZIP: [REDACTED] Employer: Retired

Name: Queen Robinson E-Mail Address: [REDACTED]
 Relationship to you: Grandmother
 Street Address: [REDACTED] Home Telephone: [REDACTED]
 City, State, ZIP: [REDACTED] Employer: N/A

Name: Thomas Burch E-Mail Address: [REDACTED]
 Relationship to you: Stepfather
 Street Address: [REDACTED] Home Telephone: [REDACTED]
 City, State, ZIP: [REDACTED] Employer: Metro

PERSONAL STATUS

☒ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse: [REDACTED] E-Mail Address: [REDACTED] Wife's Maiden Name: [REDACTED]
 Spouse's Employer: [REDACTED] Telephone: [REDACTED]
 Address: [REDACTED]
 City, State, ZIP: [REDACTED]
 Spouse's Parents: [REDACTED] Telephone: [REDACTED]
 Address: [REDACTED]
 City, State, ZIP: [REDACTED]